

Lafayette Transit System  
Certification of ADA Paratransit Eligibility  
Shared-Ride/Para-transit Service

**Instructions: PLEASE READ CAREFULLY and remove this sheet before returning application.**

Please note that applicants may receive in-person functional assessments as part of the eligibility process and that eligibility is not based on a person's age. The following information is provided to assist you in completing the attached application for paratransit service from Lafayette Transit System (LTS). This application is divided into three sections listed below:

**Policies and Procedures: KEEP this instruction page for your records. Do NOT return this page to the certification office. Please submit the following:**

- Part 1      Applicant Information
- Part 2      Health Care Professional Verification

❖ Be sure both Part 1 and Part 2 are completed. Incomplete applications will be returned. Print clearly in ink and return the original application to:

Acadiana Transit  
Paratransit Certification Office  
930 Center Street  
Lafayette, LA 70501

❖ Copies and faxes of the form will not be accepted.

❖ Part 2 is to be completed by the health care professional familiar with your disability. The application will be returned if answered by anyone other than the health care professional. This health care professional must be licensed by the State of Louisiana and may include, but is not limited to a physician, nurse, or vocational rehabilitation counselor. Certification by SOCIAL WORKERS is not acceptable.

❖ Signatures are required from all applicants or their legal guardians on the application. Health care professionals must include their professional license number and signature.

❖ Allow three (3) weeks for the eligibility determination. Lafayette Transit System will determine if you are eligible for this service and notify you by mail of this decision.

❖ Applications not reviewed within 21 days of submission will be treated as eligible and those applicants will be allowed access to the service, until the review of the application has taken place and a determination of eligibility rendered.

- 45 ❖ The following appeal process is available to those persons who disagree with the Eligibility
- 46 Office's written determination of an applicant's eligibility:
- 47

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### ALTERNATE 1

- Applicant shall complete and submit a formal appeal on forms prescribed for this specific purpose within 60 calendar days from the date noted on the Eligibility Office correspondence.
- Appeals shall be submitted to and reviewed by Lafayette Consolidated Government Transit & Parking Manager, (337) 291-7030, who will make a timely decision on each appeal.
- Applicants who remain dissatisfied with their eligibility determination by the Transit & Parking Manager may appeal in writing within 60 calendar days by completing the forms prescribed for this specific purpose.
- The completed forms and relevant information will be reviewed by the Director of Traffic & Transportation, (337) 291-8546, who shall make a timely decision on the applicant's eligibility appeal. This administrative decision of the Director shall be final.
- Applicants shall continue to have the right to other legal remedies within the appropriate district court.

❖ You may contact our Eligibility Office at (337) 235-8968.

Lafayette Transit System  
ADA Paratransit Application

If you have a disability which limits you in using LTS fixed route buses, please complete this form and then call the ADA Paratransit Certification Office at Acadiana Transit, (337) 235-8968.

Please read the attached instructions and brochure before completing this form. The information explains more about Lafayette Transit System (LTS) ADA Paratransit Service. If you have questions about the services, eligibility, or need assistance, please call the Acadiana Transit Office at the number listed above. Also, call if you need this application in large print, Braille, or on audiotape.

I. General Information (Please Print)

The last four (4) digits of your Social Security Number: SSN 000-00- \_\_\_\_\_

Birth date \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(LTS uses the last 4 digits of your SSN only as a way to track applications. If you do not provide the last 4 digits of your Social Security Number, a number will be assigned to your application.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [daytime] (\_\_\_\_) \_\_\_\_\_ [evening] (\_\_\_\_) \_\_\_\_\_

Mailing Address *(if different from above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please check below if you would like written material sent to you in the future.**

☐ Regular Print    ☐ Large Print    ☐ Audiotape    ☐ Email  
☐ Braille

Please also be advised, if you need the application as an audiotape or in Braille, someone will need to assist you in completing this form as it is necessary for LTS to review a written application. Please also provide the name and phone number of a friend or relative that can be called in case we are unable to reach you at your regular number:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone [daytime] (\_\_\_\_) \_\_\_\_\_ [evening] (\_\_\_\_) \_\_\_\_\_

## **II. Disability and Mobility Equipment Information**

Please describe the disability or health condition that limits you from using LTS fixed route buses. *(Please list all disabilities or health conditions that apply.)*

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It may be helpful to maintain documentation of your health condition or disability should a personal interview be required.

If this is a temporary disability or health condition, how long do you expect it to limit you from using LTS fixed route buses?

\_\_\_\_\_ Months from the date of this application

Do you use any of these mobility aids or equipment? (*Check all that apply.*)

- |  |   |
|--|---|
| <input type="checkbox"/> cane                                    | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> crutches                                | <input type="checkbox"/> powered scooter    |
| <input type="checkbox"/> walker                                  | <input type="checkbox"/> manual wheelchair  |
| <input type="checkbox"/> leg brace                               | <input type="checkbox"/> long white cane    |
| <input type="checkbox"/> prosthesis                              | <input type="checkbox"/> service animal     |
| <input type="checkbox"/> portable oxygen                         |   |
| <input type="checkbox"/> other (please specify)_____             |   |
| <input type="checkbox"/> I do not use any of these mobility aids |   |

Do you ever need to bring someone with you to help you when you travel (e.g., a "personal care assistant (PCA)"?)

- ☐ Yes, always      ☐ Yes, sometimes      ☐ No

### III. Abilities to Use Fixed Route LTS Buses

Please read the following statements and check those, which best describe your abilities to use fixed route LTS buses. (*Check all that apply.*)

Fixed route buses mean the large transit buses operated on set routes by LTS.

- ☐ I can use the fixed route buses at certain times of the day.
- ☐ I can get to and from bus stops or stations if the distance is not too great.
- ☐ I can ride the buses when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the buses.
- ☐ I have a disability or health condition that prevents me from riding the buses if the weather is very hot or very cold.

- ☐ My disability or health condition makes it extremely difficult to travel when there is snow and/or ice present or when flooding occurs.
- ☐ I cannot climb to get on and off fixed route buses nor climb stairs to get in and out of the bus station.
- ☐ I can get to and from bus stops or stations only if there are curb cuts and level sidewalks.
- ☐ I have difficulty understanding or remembering all the things I would have to do to use the buses and stations.
- ☐ I can use fixed route buses if it's someplace I go all the time.
- ☐ Sometimes I may need assistance from a friend or a PCA (Personal Care Attendant) to ride the fixed route bus.
- ☐ I am unable at time to use fixed route buses for other reasons.  
Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Please Give Us More Information about Your Functional Abilities

##### WITHOUT THE HELP OF SOMEONE ELSE CAN YOU...

1. Ask for and understand written or spoken instructions?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not Sure
2. Cross the street?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not Sure
3. Stand for 10 minutes if there is no place to sit?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not Sure

- 209 4. Step on and off a sidewalk from the curb?  
210 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
211
- 212 5. Find your own way to the bus stop if someone shows you the way once  
213 or twice?  
214 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
215
- 216 6. Walk up and down three steps if there is a handrail?  
217 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
218
- 219 7. Walk up and down a flight of stairs if there is a handrail?  
220 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
221
- 222 8. Stand on a moving bus while holding onto a handrail?  
223 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
224
- 225 9. Transfer from one fixed route bus to another bus?  
226 ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure  
227
- 228 10. Under the best of conditions, what is the FARTHEST you can walk  
229 outdoors (or travel using your mobility aid) without the help of another  
230 person?  
231 ☐ Less than 1 block ☐ 6 blocks (3/4 mile)  
232 ☐ 1 block ☐ More than 6 blocks  
233 ☐ 2 blocks (1/4 mile) ☐ 4 blocks (1/2 mile)  
234 ☐ I cannot travel outdoors alone at all

235  
236  
237  
238  
239 Have you ever had training to learn how to travel around the community or  
240 on how to use fixed routes buses?  
241 ☐ Yes ☐ No  
242

243  
244 Would you like information about training to use the fixed route bus, day or  
245 night service?  
246 ☐ Yes ☐ No  
247



Further explain particular environmental conditions or architectural barriers, which would prevent you from using fixed route system. Please include particular intersections, bus stops, bus routes, or destinations you find inaccessible.

[illegible]

Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

[illegible]

**V. Please Give Us Information about your use of LTS Fixed Route Buses.**

1. Do you currently use LTS fixed route buses at all?

☐ Yes

☐ No

2. When was the last time you used an LTS fixed route bus?

\_\_\_\_\_

3. If you used an LTS fixed route bus in the past and have stopped using this service, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Signature: Please Complete Box A unless you are a Minor or Have a Legal Guardian, in Which Case Your Parent or Legal Guardian Should Complete Box B.**

A. I understand the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify the information provided in this application is true and correct. I understand falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify Lafayette Transit or its paratransit provider if I no longer need to use ADA Paratransit Services.

\_\_\_\_\_  
(Signature of Applicant) Date\_\_\_\_\_

B. I understand the purpose of this application is to determine if the Applicant is eligible to use ADA Paratransit Services. I certify the information provided in this application is true and correct. I understand falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify LTS if the Applicant no longer needs to use ADA Paratransit Services.

C. I consent to an Applicant's interview and, if necessary, a functional assessment, if required, of his/her travel abilities and limitations to determine ADA Paratransit Service eligibility. I understand the Applicant must be present for the interview and any recommended functional assessment. I acknowledge I may be present with the Applicant during the interview and any functional assessment, and state:

(Check one of the following)

- ☐ I will be present
- ☐ I designate \_\_\_\_\_ to be present on my behalf, or
- ☐ I waive my right to be present and do not designate another to be present on my behalf.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date\_\_\_\_\_

**If someone assisted you in completing this application, please provide the following information:**

Print Name \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Part 2. Request for Professional Verification (Instructions)

Dear Health Care Professional:

You are being asked to complete and sign the attached application to provide information regarding the applicant's disability and its impact upon his/her ability to utilize our transit services. Federal law requires Lafayette Transit System provide paratransit services to persons who cannot utilize our regular bus services. **Health care professionals completing this form must be licensed by the State of Louisiana and include their professional license numbers on the application.**

Lafayette Transit System paratransit service is provided to persons unable to use regular public transit service due to their disability if, as a result of the disability, they cannot board, ride, or disembark, or they have a specific impairment-related condition preventing them from getting to and from a bus stop.

### **Please Note:**

1. LTS Paratransit service is limited special transportation service for persons with disabilities who are unable, because of a mental or physical impairment (including a visual impairment), to use regular public transportation by themselves.
2. LTS fixed-route buses (regular bus service) can accommodate people using wheelchairs and persons who find it difficult to climb the steps on a bus.
3. A person may be unable to use regular public transportation either because he is unable to board, ride, and disembark from accessible vehicles, or because of a specific impairment related condition that prevents him from traveling to or from a bus stop.
4. Your verification should consider only the presence of a disabling condition, **not the applicant's age or economic status.**

Resources for this program are limited. Your evaluation of each person must be based solely upon the individual's ability to use regular transit. LTS may contact the certifying health care professional to verify accuracy of the information. LTS will make the final determination as to the applicant's eligibility.

The Professional Verification **must be filled out completely and solely** by the health care professional for processing to occur.

**Please Print.** Thank you for your assistance.

Examples of Qualified Professionals who are licensed by the State of Louisiana include:

|                          |                               |                  |
|--------------------------|-------------------------------|------------------|
| Physician (M.D. or D.O.) | Independent Living Specialist | Ophthalmologist  |
| Physical Therapist       | Rehabilitation Specialist     | Psychiatrist     |
| Occupational Therapist   | Psychologist                  | Registered nurse |

## Part 2. Verification by Licensed Professional

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

1. What is the diagnosis of the applicant's disability? Please describe as specifically as possible in laymen's terms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the applicant's condition prevent him/her from using regular bus service either in general or under certain circumstances?

☐ No ☐ Yes

If yes, tell us why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the applicant's condition temporary?

☐ No ☐ Yes

If yes, expected duration is \_\_\_\_\_ months from the date of this application.

*The following information will be used to ensure appropriate type of vehicle is used to provide transportation, and an accurate analysis of the application's trip request is processed by AT.*

4. Does the applicant use mobility aids?

☐ No ☐ Yes

If yes, what type? ☐ Wheel Chair ☐ Walker ☐ Crutches ☐ Cane

☐ Other \_\_\_\_\_

5. Can the applicant be transferred from wheelchair/other mobility aid to a passenger seat, if necessary?

☐ No ☐ Yes

6. Does the applicant require a Personal Care Attendant (PCA) for travel?

☐ No ☐ Yes

7. Can the applicant travel 200 feet without assistance?

☐ No ☐ Yes

8. Can the applicant travel 1,250 feet (one-quarter mile) without assistance?

☐ No ☐ Yes

9. Can the applicant climb three twelve-inch steps without assistance?

☐ No ☐ Yes

10. Can the applicant wait outside without support for thirty minutes?

☐ No ☐ Yes

11. Is the applicant able to give address and phone numbers upon request?

☐ No ☐ Yes

12. The applicant can use regular public transit buses only to or from certain locations (e.g., wheelchair accessible locations or destinations on which the applicant has been trained).

☐ No ☐ Yes

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PHYSICIAN VERIFICATION Part 1

I, \_\_\_\_\_ (Name of Physician), certify  
\_\_\_\_\_  
(Name of Patient), to be a severely disabled  
person who has been a patient of mine since \_\_\_\_\_ (date) and whose  
diagnosis (*describe in laymen's terms*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the physical and/or cognitive condition and how it functionally prevents the  
applicant from using the Lafayette Transit regular bus service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also certify that the medical information provided in the application is accurate to the best  
of my knowledge and is consistent with the application's medical diagnosis.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Medical License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

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PHYSICIAN VERIFICATION Part 2

Applicant's Name \_\_\_\_\_

MUST BE COMPLETED BY A LICENSED PHYSICIAN

The applicant who asked you to review and sign this application is applying to Acadiana Transit to be considered eligible for the Acadiana Transit Para-Transit Shared-Ride Service. Acadiana Transit Para-Transit Shared-Ride Service is intended only for those trips the applicant cannot make LTS regular bus service. This application is intended to determine when and under what circumstances the applicant can use LTS regular bus service and when they require Para-Transit Shared-Ride Service. Please review the information provided and complete below:

A. Has the applicant been diagnosed with a cognitive, mental, physical or other disability?

\_\_\_\_ No \_\_\_\_ Yes

Diagnosis \_\_\_\_\_

B. The applicant's disability is:

\_\_\_\_ Permanent \_\_\_\_ Temporary-until  
when? \_\_\_\_\_

C. Please describe all conditions (physical, cognitive, mental, other) which functionally prevent the applicant from using LTS regular bus service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Level of Legal Blindness (if applicable)

Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_ Combined: \_\_\_\_\_



E. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

F. To the best of your knowledge, is the information provided in this application true and correct? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print \_\_\_\_\_ or \_\_\_\_\_ type \_\_\_\_\_ Name \_\_\_\_\_ and  
Title: \_\_\_\_\_  
State \_\_\_\_\_ of \_\_\_\_\_ Louisiana \_\_\_\_\_ License  
Number: \_\_\_\_\_  
Business \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_

For more information, please call or fax:  
Acadiana Transit  
Phone (337) 235-8968  
Fax (337) 269-1845

Thank you, for assisting us in this endeavor. This Professional Verification form must be returned with the applicant's completed application.

Should you have any questions, please do not hesitate to contact Lafayette Transit System, Paratransit Certification Office, at (337) 291-8570.